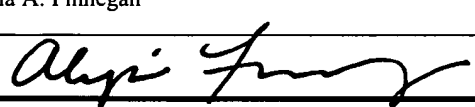
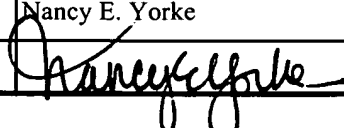
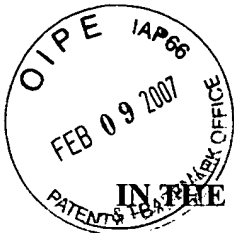
 <p>TRANSMITTAL FORM (to be used for all correspondence after initial filing)</p>	Application Number	10/551,057	
	Filing Date	September 26, 2005	
	First Named Inventor	Jansen, et al.	
	Art Unit	1648	
	Examiner Name	Salimi	
Total Number of Pages in This Submission	5	Attorney Docket Number	21188P

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Name	Alysia A. Finnegan	Registration No. (Attorney/Agent)	48,878
Signature			Date
			2/7/07

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature		Date	2/7/07



PATENT
CASE NO. 21188P

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re application of: JANSEN, ET AL.

Serial No. 10/551,057

Filed September 26, 2005

Group Art Unit 1648

Examiner Salimi

For: OPTIMIZED EXPRESSION OF HPV 31 L1 IN YEAST

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

☐ The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>8</u>	-	** <u>37</u> =	<u>0</u> X	\$50	= <u>0.00</u>
Independent Claims	* <u>1</u>	-	*** <u>3</u> =	<u>0</u> X	\$200	= <u>0.00</u>
Multiple Dependent Claims					\$360 ****	= <u> </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

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Respectfully,

By: Alysia A. Finnegan

Attorney for Applicant(s)

Reg. No. 48,878

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Rahway, N.J. 07065-0907

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